

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>09/166356</i>		FILING DATE			
								APPLICANT(S)					
CLAIMS								*		*		*	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1			1									
TOTAL DEP.	3			5									
TOTAL CLAIMS	3			6									
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